

The Corporation of the Municipality of Chatham-Kent

The Municipality strives to create a culture of volunteer engagement, offering volunteer opportunities in a variety of areas that directly contribute to enhancing the quality of life for the citizens of Chatham-Kent. Volunteer involvement is based on the successful completion of further screening measures which may include a Police Records Check and the availability of a suitable role. The Municipality will make reasonable accommodations available for those with disabilities, upon request. All information gathered will be kept confidential and will be used only by the Municipality. Please print clearly. Thank you for completing this form.

Please check which category applies to you:

☐ Adult Volunteer

☐ Student Volunteer

☐ Co-op Student Secondary School

General Information

First Name:	Known as:	Last name:
911 Street Address:		Apartment/Unit#:
Rural Route:	PO Box:	City/Town:
Province:		Postal Code:
Primary Telephone:		Other Telephone:
E-mail address:		Preferred contact method:
Date of birth ** (year/month/day):		Do you possess a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No

** required field for training purposes only

Emergency Contact Information

Name:		Relationship:	
Telephone:	Home	Cell	Work
Email address:			

Completed by: (print name)

Date completed:

☐ Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date and name, above.

Office Completion Only

Department (check one): <input type="checkbox"/> CAO <input type="checkbox"/> CD <input type="checkbox"/> CHS <input type="checkbox"/> CS <input type="checkbox"/> FBIS <input type="checkbox"/> Fire <input type="checkbox"/> IES <input type="checkbox"/> PUC		
Division:		Section:
Home business unit:		Work location:
Supervisor/Municipal contact:		Supervisor employee #:
Issue CK ID#:	Or Returning volunteer#:	Alternate #:
Job code#:		
Other comments: (include start date)		

Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) and will be used exclusively to register you as a new volunteer of the Municipality of Chatham-Kent. The Municipality of Chatham-Kent respects the privacy of its volunteers. At no time does the Municipality of Chatham-Kent sell or distribute its volunteer list.

AGREEMENT

I understand that I am responsible for obtaining and presenting an original Criminal Reference Check for the Vulnerable Sector before I will be accepted into placement. I understand the information on this application is subject to verification and thereby grant permission to Riverview Gardens to contact my reference(s).

I hereby authorize persons or former employers contacted by Riverview Gardens to release any information regarding my association with them. I also agree that no liability or damage shall accrue to the reference who provides such information.

I understand that if I am accepted as a Volunteer, I will be required to sign Riverview Gardens' Policy on Conflict of Interest and Confidentiality. I understand that I am required to have a two-step T.B. test completed. I agree to do so and return the results to the Coordinator of Volunteer Services. I acknowledge that I am a volunteer offering my services to perform a variety of tasks to enhance the quality of life for the residents of Riverview Gardens.

The facts that are outlined above on my application are true and complete. I understand that if I am selected, any false statements on this application shall be deemed to be cause for immediate dismissal.

Personal information contained on this form is collected by The Municipality of Chatham-Kent under the authority of the Municipal Act, 2001 and will be used by Riverview Gardens Administration staff for the purpose of contacting you and reviewing your application. Questions regarding the collection and use of this information may be directed to the Municipal Clerk, 315 King Street West, Chatham, ON N7M 5K8, or by telephone at 519.360.1998 or email to ckclerk@chatham@kent.ca.

All information on this Volunteer Application Form whether submitted online or in paper directly to the Corporation of the Municipality of Chatham-Kent Senior Services will be entered to a website owned by Volgistics Inc. and not the Corporation of the Municipality of Chatham-Kent. Volgistics is a third party which manages and stores all information on volunteers collected by the Corporation of the Municipality of Chatham-Kent Senior Services, including, but not limited to this application and all personal information contained herein (ex. name and contact information). Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. By submitting this application, you agree and understand that the Corporation of the Municipality of Chatham-Kent is not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. You consent and agree that the information provided in this application be provided to Volgistics to be stored for the purpose of managing your volunteer application. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at www.volgistics.com.

Signature

Date

Student Volunteers between the age of 14 and 18 require Parental / Guardian Consent

My daughter/son _____ has my permission to serve as a volunteer at Riverview Gardens.

Has she/he any physical limitations which would govern the kind of assignment given? Yes ☐ No ☐

Signature of Parent / Guardian

Print Name

Date